## THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) HOUSEHOLD ELIGIBILITY CRITERIA

(Effective from July 1, 2011 to June 30, 2012)

Name:	Household size	
Address:	Number of children	

This table show monthly income for each family size at **185% of the poverty guidelines**. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

	Annually	Monthly	Every 2 weeks	Twice a month	Weekly
Household Size					
1	20,147	1,679	775	840	388
2	27,214	2,268	1,047	1,134	524
3	34,281	2,857	1,319	1,429	660
4	41,348	3,446	1,591	1,723	796
5	48,415	4,035	1,863	2,018	932
6	55,482	4,624	2,134	2,312	1,067
7	62,549	5,213	2,406	2,607	1,203
8	69,616	5,802	2,678	2,901	1,339
For each additional hhld member, add	7,067	589	272	295	136

I certify that our gross household income is at or below the income listed on the this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by the South Dakota Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false statement may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

In accordance with the Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Local Agency/Eligible Recipient Agency Name

(Signature) (Date)
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